

EMPL. #

## Duchesne County Timesheet

Name:

Pay Period:

DAY	DATE	IN	OUT	IN	OUT	TOTAL HRS	DESCRIPTION
SUN							
MON							
TUES							
WED							
THURS							
FRI							
SAT							
SUN							
MON							
TUES							
WED							
THURS							
FRI							
SAT							

**REGULAR HRS**

1-00	REG. HRS	
2-01	OT HRS	
2-02	ST OT HRS	
4-00	VAC. HRS	
5-00	SICK OR FAM. SICK	
6-00	ADMIN LEAVE	
7-00	EMERG. LEAVE	
8-01	HOLIDAY	

**COMP HRS**

9-01	COMP EARNED	
9-01	COMP TAKEN	
9-03	COMP PAY OUT	

12-01	CELL PHONE	
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I certify that the above is a true and accurate account.

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Employee Signature

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Supervisor Signature

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Total Hours